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Interpreting Initial Feedback Report and Final Validation Report

The Initial Feedback Report and the Final Validation Report follow the same format. Each report begins with a header that displays general information. The Final Validation header is followed by a report detail section that describes each message encountered in any of the body record(s). The items on each line are tab delimited. The format of the Initial Feedback and Final Validation reports are as follows:

CMS State Report

OASIS Initial Feedback Report

[Report Date/Time]	mm/dd/yyyy hh:mm:ss
[Submission Method]	upload
[Batch Status]	xxxxxxxxxx
[Submission Date/Time]	mm/dd/yyyy hh:mm:ss
[Submission Batch ID]	99999
[Batch Submission Type]	xxxxxxxxxx
[Agency ID]	xxxxxx
[Agency Name]	xxxxxxxxxx
[# Data Records Processed]	999999

BE SURE TO RETRIEVE YOUR FINAL VALIDATION REPORT FOR WARNING AND/OR REJECTIONS

Record: Header

[Field or OASIS Items]	xxxxxxxxxx
[Invalid Data Submitted]	[Submitted: xxxxxxxxx Database: xxxxxx]
[Message Number]	99
[Message]	xxxxxxxxxxxxxxxxxxxxxxxxxx

Record: Trailer

OASIS Final Validation Report

CMS State Report

OASIS Final Validation Report

[Report Date/Time]	06/22/2001 13:21:33
[Batch Status]	Received
[Submission Date/Time]	06/22/2001 13:21:29
[Submission Batch ID]	999999
[Batch Submission Type]	Production
[Agency ID]	HHA
[Agency Name]	HHA
[# Records Processed]	3
[# Records Rejected]	0
[# Duplicate Records]	0
[# Records with Messages]	0
[Total # of Messages]	0

Record: Header

Record: 1	[Accepted	
Assmt_Int_ID = #####		Name	= LNAME, FNAME
Res_Int_ID = #####		SSN	= ###-###-###
RFA, Branch_ID = 06 111111111		Eff Date	= 06/19/2001
Correction Num = 00		M0090	= 06/19/2001

Record: 2		Accepted	
Assmt_Int_ID = #####		Name	= LNAME, FNAME
Res_Int_ID = #####		SSN	= ###-###-###
RFA, Branch_ID = 01 111111111		Eff Date	= 06/19/2001
Correction Num = Inactivation		M0090 Date	= 06/19/2001

Record: 3		Accepted	
Assmt_Int_ID = #####		Name	= LNAME, FNAME
Res_Int_ID = #####		SSN	= ###-###-###
RFA, Branch_ID = 04 111111111		Eff Date	= 06/19/2001
Correction Num = 01		M0090	= 06/19/2001

Record: Trailer

RFA Type	RFA Description	Assessment Completed	Locked Date	Submission Timing
1	SOC - further visits anticipated	Within 5 calendar days of the SOC Date (M0030)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
2	SOC - no further visits planned	Within 5 calendar days of the SOC Date (M0030) (No longer accepted on or after 12/16/2002 in accordance with OASIS Reduced Burden)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
3	ROC - after inpatient stay	Within 2 calendar days of the ROC Date (M0032)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
4	Recertification - F/U	Must be completed every 60 days (when still receiving care) following the (M0030) Start of Care Date; should be no earlier than day 56 and no later than 60 of the follow-up (recertification) period.	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
5	Other F/U	Complete the assessment within 2 calendar days of identification of significant change of patient's condition	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
6	Transferred to Inpatient Facility - not discharged from agency	Within 2 calendar days of the Disch/Trans/Death Date (M0906)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
7	Transferred to Inpatient Facility - discharged from agency	Within 2 calendar days of the Discharge/Transfer/Death Date (M0906)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
8	Death at home	Within 2 calendar days of the Disch/Trans/Death Date (M0906)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
9	Discharged from agency: Not to an Inpatient Facility	Within 2 calendar days of the Disch/Trans/Death Date (M0906)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked
10	Discharged from agency: Not to an Inpatient Facility and no visits since the SOC assessment	Within 2 calendar days of the Disch/Trans/Death Date (M0906) (No longer accepted on or after 12/16/2002 in accordance with OASIS Reduced Burden)	Within 7 calendar days following the Information Completion Date (M0090)	No later than the month following the month the assessment was locked

Table 1-1. Reason for Assessment Types

Report Field	Description	Values
[Report Date/Time]	The date and time the report was generated by the OASIS System.	Date and time to the nearest second
[Submission Method]	The application which was used to submit a home health agency's files into the OASIS system. If the home health agency uses a browser to connect to the state agency to submit files, then the submission method would be "Upload". However, if the home health agency sends the submission files to the state agency on a disk, then the submission method would be "Disk Upload".	"Upload" or "Disk Upload"
[Batch Status]	Indication of whether the submitted batch was received successfully or rejected. While most records with errors are accepted and stored in the OASIS database, any fatal file errors encountered by the OASIS System will result in the rejection of the entire batch of records. A list of fatal file errors is provided following this table.	"Received" or "Rejected"
[Submission Date/Time]	The date and time the OASIS submission was uploaded to the State server by the home health agency.	Date and time to the nearest second
[Submission Batch ID]	A unique identification number assigned for this submission.	Integer
[Batch Submission Type]	Indication of whether this submission is a test or production submission.	"Test" or "Production"
[Agency ID]	A unique identifier for the home health agency that created the OASIS records in the submission.	Alphanumeric
[Agency Name]	The name of the home health agency that created the OASIS records in the submission.	Text
[# Data Records Processed]	Total number of data records processed in this submission.	Integer (zero or greater)
[# Records Rejected]	Total number of records that were not loaded into the database because of fatal record message(s) in the file.	Integer (zero or greater)
[# Duplicate Records]	Total number of records that were not loaded into the database because they were duplicate records.	Integer (zero or greater)
[# Records with Messages]	The number of records that had messages .	Integer (zero or greater)
[Total # of Messages]	Number of messages in all records for that submission file.	Integer (zero or greater)
Record: XX	The record in the OASIS file that the messages below are being reported.	Header, Trailer, or a number (indicating the record number)
[SSN]	Social Security Number	xxx-xx-xxxx
[Name]	Last name, first name, and middle initial of the patient for the identified assessment record.	Text
[Res_Int_ID]	The state system assigned patient internal ID.	Integer
Assessment Internal ID	The State System assigned assessment internal ID	Integer
[RFA]	The Reason for Assessment that was submitted. (RFA 02 and 10 will no longer be accepted on or after 12/16/2002).	01, 02, 03, 04, 05, 06, 07, 08, 09, 10
[Corr Num]	The correction number of the submitted record. Also identifies inactivation records.	Alphanumeric
[Effective Date]	The effective date of the record (M0030 for RFA 01 & 02; M0032 for RFA 03; M0090 for RFA 04 & 05; M0906 for RFA 06, 07, 08, 09 & 10). (Note effective 12/16/2002: RFA 02 and 10 will no longer be accepted).	Date value
[Branch_ID]	Branch ID is an optional field and defined by the HHA.	Text
[Field or OASIS Items]	The code for the field or OASIS item in error.	Form location code
[Invalid Data Submitted]	Actual value submitted.	(varies)
[Message Number]	The number used to identify the message which was encountered for the corresponding record. This number and the message text associated with it can be found following this table.	Positive integer
[Message]	Text information about the error that was encountered for the corresponding record.	Text

Table 1-2. Report Field Descriptions and Values

Messages and Descriptions

A few changes have been made to the record message validation process. These changes involve addition of new warning and fatal record messages. Also, some of the current message texts and 'causes' have been modified.

The following messages are considered *fatal file* messages and will result in the rejection of the entire submission batch. If a submission file contains a fatal file message, HHA_Main is never executed for the submission and the individual data records are not validated or stored in the database.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 1	Invalid header HHA_ID: The State-Assigned HHA_ID code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used.	<p><u>Cause:</u></p> <ul style="list-style-type: none">• The wrong file was submitted.• The State-Assigned HHA ID Code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used. <p><u>Definition:</u></p> <ul style="list-style-type: none">• <i>Header record:</i> The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p><u>Example:</u></p> <ul style="list-style-type: none">• Parent company submitting for multiple home health agencies and forgot to change home health agency identifiers for each new home health agency. <p><u>Action:</u></p> <ul style="list-style-type: none">• Verify that the correct file was submitted.• Verify that the HHA ID in the header record of the submission file and the Login ID correspond. If they do not correspond, check the HHA's encoding software.
+ 4	Header missing: The required header record is missing from the submission file.	<p><u>Cause:</u></p> <ul style="list-style-type: none">• The required <i>header record</i> is missing from the submission file.• The REC_ID is invalid for the header. <p><u>Definition:</u></p> <ul style="list-style-type: none">• <i>Header record:</i> The header record contains basic identifying information for the home health agency, as well as, contact persons and telephone numbers in the event that the file is in error. It is the first line of data in the submission file.• <i>REC_ID:</i> Identifies the line in the file as a header record, data record, or trailer record. Header record is identified by "A1", upper case "A" followed by a "1" (one) in the first two bytes. <p><u>Action:</u></p> <ul style="list-style-type: none">• Verify that the header record is in the submission file. Refer to the current data specification for the correct submission file layout.• Verify that the header REC_ID is "A1".• Contact your software vendor for assistance.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 5	Header incorrect length: The header record of the submission file is not the correct length.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The <i>header record</i> of the submission file is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike). <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Header record:</i> The header record contains basic identifying information for the home health agency, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the header record in the submission file is 1448 bytes in length. Refer to the data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.
+ 7	Data record incorrect length: The patient data record of the submission file is not the correct length.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The patient <i>data record</i> of the submission is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike). <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Data Record:</i> A data record contains information for a single OASIS patient record, a single discharge transaction, a single recertification transaction, a single resumption of care transaction, a single transfer assessment or a single start of care assessment. There may be one or more data records in a submission file. <p><u>Tips:</u></p> <ul style="list-style-type: none"> If this error occurs, the Rec_ID will be changed from B1 to L1. Once this error has been received, no further edit checks are performed on this rejected record. The Final Validation Report does not display any identifying information. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Verify that each data record of the submission file is 1448 bytes in length. Refer to the current data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.

Table 1-3. Fatal File Message

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 8	Data records missing: No patient data records are found in the submission file.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> There were no patient <i>data records found</i> in the submission file. This error will also occur if the <i>REC_ID</i> is invalid for the data record. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Data record:</i> A data record contains information for a single OASIS patient record, a single discharge transaction, a single recertification transaction, a single resumption of care transaction, a single transfer assessment or a single start of care assessment. There will be one or more data records in a submission file. <i>REC_ID:</i> identified the line in the file as a header record, data record or trailer record. A data record is identified by "B1", upper case B followed by a "1" (one) in the first two bytes. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the submission file contains at least one patient data record. Verify that the data record <i>REC_ID</i> is "B1". Refer to the current data specifications for the correct submission file layout. Contact your software vendor for assistance.
+ 9	Trailer incorrect length: The trailer record of the submission file is not the correct length.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The <i>trailer</i> record of the submission file is not the correct length. Transmission may have been interrupted (i.e., power surge, lightening strike). <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Trailer record:</i> The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the trailer record in the submission file is 1448 bytes in length. Refer to the current data specifications for the correct submission file layout. If you think the transmission was interrupted, attempt to resubmit the file. Contact your software vendor for assistance.

Table 1-3. Fatal File Message

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 10	Trailer missing: The required trailer record is missing from the submission file.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The required <i>trailer</i> record is missing from the submission file. The <i>REC_ID</i> is invalid for the trailer. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Trailer Record:</i> The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. <i>REC_ID:</i> Identifies the line in the file as a header record, data record, or trailer record. The trailer record is identified by a "Z1", upper case Z followed by a "1" (one) in the first two bytes. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Verify that the trailer record is in the submission file. Verify that the trailer REC_ID is "Z1". Refer to the current data specifications for the correct submission file layout. Contact your software vendor for assistance.
+ 11	Incorrect record count: The submission file contains MORE records than the trailer record indicates.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The number of records in the submission file is more than the <i>trailer</i> record indicates <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Trailer record:</i> The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the trailer record count equals the total number of data records plus two (one for the header record and one for the trailer record). Contact your software vendor for assistance.
+ 12	Incorrect record count: The submission file contains FEWER records than the trailer record indicates.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The number of records in the submission file is less than the <i>trailer</i> record indicates. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Trailer record:</i> The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the trailer record count equals the total number of data records plus two (one for the header record and one for the trailer record). Contact your software vendor for assistance.

Table 1-3. Fatal File Message

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 18	Invalid Submission Indicator: The header record does not correctly indicate whether this is a test or production submission file.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The <i>TEST_SW</i> (test/production indicator) in the header record of the submission file was not either a "0" (zero) or a "1" (one). <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>TEST_SW</i>: Item that designates the submission file as a test file or a production file. A "0" (zero) indicates a test file and "1" (one) indicates a production file. Any other response is invalid data. <p><u>Tip:</u></p> <ul style="list-style-type: none"> When invalid data is submitted in the <i>TEST_SW</i> field, validation (editing) of any subsequent fields is not performed. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the <i>TEST_SW</i> (test/production indicator) in the header record of the submission file is either a "1" (one) or a "0" (zero). Contact your software vendor for assistance.
+ 28	Invalid RFA: A space occurred in the RFA field (Reason for Assessment M0100) on one or more data records.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The RFA (Reason for Assessment – M0100) field contains a space on one or more of the data records. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Data record</i>: A data record contains information for a single OASIS patient record. <p><u>Action:</u></p> <ul style="list-style-type: none"> Contact your software vendor for assistance.
+ 29	Unable to accept file: The CMS OASIS system at the State that accepts the submission file has failed. Contact your State Coordinator immediately and resubmit the file.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> There is a problem with the CMS OASIS system at the State. A database error occurred when updating the HHA_Upload table. <p><u>Action:</u></p> <ul style="list-style-type: none"> If this message is received, contact your State Technical (Automation) Coordinator immediately. Resubmit the file when directed by your State Technical (Automation) Coordinator.

Table 1-3. Fatal File Message

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 33	Extra data: The submission file contains extra data after the trailer record.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The submission file contains extra data after the <i>trailer</i> record, which is to be the last record in the file. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Trailer Record:</i> The trailer record indicates the end of the submission file and includes a count of the total number of records in the file including the header and trailer records. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that there is no data following the % (percentage sign) in the trailer record of the submission file. Contact your software vendor for assistance.
+ 36	SFW_ID is missing: The SFW_ID is missing from the header record. Update the Software ID information in your OASIS encoding software.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The submission file did not contain the (SFW_ID) OASIS Software Co. Federal Tax ID in the header record. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Header record:</i> The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p><u>Action:</u></p> <ul style="list-style-type: none"> Contact your software vendor for assistance.

Table 1-3. Fatal File Message

The following errors are considered *fatal record* messages and will result in the rejection of individual records. Assessments that have fatal record errors are completely removed from the database (for data integrity purposes).

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 26	Invalid record HHA_ID: The State assigned HHA ID code (HHA_ID) in any one of the submitted patient data records does not match the HHA_ID in the header record of the submission file.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The State assigned HHA_ID (HHA ID) code in one of the submitted patient <i>data records</i> does not match the HHA_ID in the header record of the submission file. <p><u>Definition:</u></p> <ul style="list-style-type: none"> <i>Data record:</i> A data record contains information for a single OASIS patient record, a single discharge transaction, a single resumption of care transaction, a single request to modify an OASIS record, or a single request to inactivate an OASIS record. There will be one or more data records in a submission file. <i>Header record:</i> The header record contains basic identifying information for the home health agency, as well as, contact person and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p><u>Example :</u></p> <ul style="list-style-type: none"> HHA_ID in the header record = IA 167999 and the HHA_ID in the submitted patient data record = IA167000. <p><u>Action:</u></p> <ul style="list-style-type: none"> Verify that the HHA_ID in all data records match the HHA_ID in the header record of the submission file. If the HHA_ID of the data record(s) does not match the HHA_ID in the header record, unlock the data record(s), make the correction and create a new submission file containing the corrected records. Submit this new file. Contact your software vendor for assistance.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 30	Invalid effective date: The required effective date is invalid for the submitted data record.	<p>Cause:</p> <ul style="list-style-type: none"> Any data record is rejected if the effective date item identified contains an <i>invalid</i> date. <p>Definition:</p> <ul style="list-style-type: none"> <i>Invalid effective date</i> for the purposes of this message means that the date must contain a valid month, day, and year. The effective date is based on the RFA value. If required on the data record submitted, this message applies to the following date items: <ul style="list-style-type: none"> ➤ (M0030) Start of Care Date for RFA types 01 ➤ (M0032) Resumption of Care Date for RFA type 03 ➤ (M0090) Information Completion Date for RFA types 04 & 05 ➤ (M0906) Discharge/Transfer/Death Date for RFA types 06, 07, 08, & 09 <p>Tip:</p> <ul style="list-style-type: none"> Check the “Field or OASIS Items” and the “Invalid Data Submitted” identified on the Final Validation Report to determine the date item that is missing or invalid. The correct submission file format for all date fields is “YYYYMMDD”. The date submitted will display on the Final Validation Report the way it is in the submission file. If it is submitted in the file as “<i>MMDDYYYY</i>”, it will be displayed this way on the Final Validation Report, indicating the reason for the message. This may mean your software vendor needs to be notified. The correct submission file for all date fields is “YYYYMMDD”. Although, the date appears on the forms as “<i>MMDDYYYY</i>”, the “Field or OASIS Items” and the “Invalid Data Submitted” identified on the Final Validation Report will appear as “YYYYMMDD” because the date is being displayed the way it was submitted and not the way it was entered. 0000 (zero, zero, zero, zero) in the YYYY (year, year, year, year) portion of the date field is not acceptable. <p>Examples:</p> <ul style="list-style-type: none"> An <i>invalid</i> date would be June 32, 1999 (19990632). A month of 40 or a day of 35 is not valid. <p>Actions:</p> <ul style="list-style-type: none"> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 31	Invalid RFA: The required Reason for Assessment (M0100) is invalid for the submitted data record.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The submitted data for the (M0100) Reason for Assessment field is not in the valid range of acceptable values. Beginning December 16, 2002, M0100 (Reason for Assessment) 02 and 10 will be rejected as invalid record type. <p><u>Definition:</u></p> <ul style="list-style-type: none"> Acceptable values for the (M0100) Reason for Assessment field are: 01 – Start of care – further visits planned 03 – Resumption of care (after inpatient stay) 04 – Recertification (follow-up reassessment) 05 – Other follow-up 06 – Transferred to an inpatient facility – patient not discharge from agency 07 – Transferred to an inpatient facility – patient discharged from agency 08 – Death at home 09 – Discharge from agency <p><u>Example:</u></p> <ul style="list-style-type: none"> An <i>invalid</i> RFA would be 15. <p><u>Action:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine valid values. Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.
+ 32	Last Name Missing: The patient's last name (M0040) is missing from the submitted record.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The patient's last name (M0040_PAT_LNAME) in this data record was missing. This record could not be accepted with the last name blank. <p><u>Action:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the record and resubmit. Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 50	Invalid ICD-9 format: The submitted ICD-9 diagnosis code is not in the valid range of acceptable values for the identified item.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • The submitted ICD-9 (diagnosis code) is not in the valid range of acceptable values. • For records with a M0090 (Completion Date) of October 1, 2003 V-codes will be accepted in M0230 (Primary Diagnosis) and M0240 (Secondary Diagnosis). • For records with a M0090 (Completion Date) of October 1, 2003 E-codes will be accepted in M0240 (Secondary Diagnosis). • All remaining diagnosis fields will not accept E-codes or V-codes. <p><u>Definitions:</u></p> <ul style="list-style-type: none"> • <i>Invalid ICD-9</i> format for the purposes of this message means that the diagnosis code must contain a valid ICD-9 code. If required on the data record submitted, this message applies to the following ICD-9 field items: <ul style="list-style-type: none"> ➤ (M0190) Inpatient Diagnoses ➤ (M0210) Medical Diagnoses ➤ (M0230) Primary Diagnosis ➤ (M0240) Other Diagnosis ➤ (M02450) Primary Payment Diagnosis <p><u>Example:</u></p> <ul style="list-style-type: none"> • An invalid ICD-9 code would be 820._9. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications for this item to determine the acceptable values. • Refer to the ICD-9-CM manual for acceptable codes. • Please enter the ICD-9 code for the underlying medical diagnosis or for the problem(s) for which the patient is receiving home health care. • Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 51	Invalid format: The submitted data for this field must be right justified with leading spaces (to the left) filled with zeros.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The submitted data is not in the correct format for the identified item. <p><u>Example:</u></p> <ul style="list-style-type: none"> An invalid format would be '4 ' (4, space) or ' 4' (space, 4). <p><u>Action:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. <p>Refer to the current data specifications for this item to determine the acceptable values.</p>
+ 53	Invalid format: The submitted data for this field must contain letters and/or numbers only. Special characters such as a dash (-) and/or embedded spaces are invalid.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> A special character such as a dash (-) and/or embedded spaces was submitted for the identified field. Special characters should not be used. <p><u>Example:</u></p> <ul style="list-style-type: none"> An invalid (M0065) Medicaid Number is 452-6394T1. <p><u>Action:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications for this item to determine the acceptable values.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 101	Inconsistent dates: The submitted date identified is not consistent with the submission date of the file.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • The identified dates are inconsistent with submission date on the Final Validation Report. • (LOCK_DATE) The Assessment Lock Date cannot be later than the Submission Date. If the Lock Date is later than the Submission Date, the record will be rejected. • (M0030) The Start of Care Date cannot be later than the Submission Date. If (M0030) is later than the Submission Date, the record will be rejected. • (M0032) The Resumption of Care Date cannot be later than the Submission Date. If (M0032) is later than the Submission Date, the record will be rejected. • (M0066) The Birth Date cannot be later than the Submission Date. If (M0066) is later than the Submission Date, the record will be rejected. • (M0090) The Information Completion Date cannot be later than the Submission Date. If (M0090) is later than the Submission Date, the record will be rejected. • (M0180) The Inpatient Discharge Date cannot be later than the Submission Date. If (M0180) is later than the Submission Date, the record will be rejected. • (M0903) The Date of the Last (Most Recent) Home Visit cannot be later than the Submission Date. If (M0903) is later than the Submission Date, the record will be rejected. • (M0906) The Discharge/Transfer/Death Date cannot be later than the Submission Date. If (M0906) is later than the Submission Date, the record will be rejected. <p><u>Definitions:</u></p> <ul style="list-style-type: none"> • <i>LOCK_DATE</i> is the date the assessment was locked in the HHA's encoding software. This date must be less than or equal to the current date. • <i>Submission Date</i> is the date in which the assessment was submitted in a file to the state system. The Submission Date/Time appears up at the top of page one of the Final Validation Report. <p><u>Tips:</u></p> <ul style="list-style-type: none"> • Check the "Field or OASIS Items" and the "Invalid Data Submitted" identified on the Final Validation Report to determine the date items that are inconsistent with the submission date on the Final Validation Report. • LOCK_DATE is an item that may not be visible to the HHA User. It may be an item that is filled in by the vendor software when the record is copied to an upload file. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Contact your software vendor to determine how your software handles the LOCK_DATE. • Make appropriate corrections to the record and resubmit. • Refer to the current data specifications for this item to determine the acceptable values.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 105	Inconsistent M0030/M0903 dates: (M0030) Start of Care Date was submitted with a date later than (M0903) Date of the Last Home Visit. (M0030) date must precede or be the same as (M0903) date.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> (M0030) Start of Care Date must precede or be the same as (M0903) Date of Last (Most Recent) Home Visit. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the record and resubmit. Refer to the current data specifications for this item to determine the acceptable values.
+ 106	Inconsistent M0030/M0906 dates: (M0030) Start of Care date was submitted with a date later than (M0906) Discharge/Transfer/Death date. (M0030) date must precede or be the same as (M0906) date.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> (M0030) Start of Care Date must precede or be the same as (M0906) Discharge/Transfer/Death Date. <p><u>Action:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 110	Inconsistent M0032/M0100 values: If M0100 (RFA) = 1, then M0032 (Resumption of Care) "NA" must be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> When (M0100) Reason for Assessment is a Start of Care (response 01), then the (M0032) Resumption of Care "NA" response should be checked. <p><u>Tips:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to determine consistency requirements.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 111	Inconsistent M0100/M0032 values: If (M0100) Reason for Assessment = 3, then (M0032) "NA" response must not be checked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF (M0100) Reason for Assessment is a Resumption of Care (response 03), THEN the (M0032) Resumption of Care "NA" response must not be checked. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 112	Inconsistent M0032 values: If (M0032) Resumption of Care "NA" response is unchecked, then (M0032) date field must be completed.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0032) Resumption of Care "NA" response is not checked, THEN (M0032) Resumption of Care Date must be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 113	Inconsistent M0032 values: If (M0032) Resumption of Care "NA" response is checked, then (M0032) date field must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0032) Resumption of Care "NA" response is checked, THEN (M0032) Resumption of Care Date must not be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 114	Inconsistent M0063 values: If (M0063) Medicare Number "NA" response is unchecked, then the (M0063) number field must be completed.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0063) Medicare Number "NA" response is not checked, THEN the (M0063) Medicare Number field must be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 115	Inconsistent M0063 values: If (M0063) Medicare Number "NA" response is checked then (M0063) number field must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0063) Medicare Number "NA" field is checked, THEN the (M0063) Medicare Number field must not be completed. <p><u>Tip:</u></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 116	Inconsistent M0064 values: If (M0064) Social Security Number "UK" response is unchecked, then (M0064) number field must be completed.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0064) Social Security Number "UK" field is not checked, THEN the (M0064) Social Security Number field must be completed. <p><u>Tip:</u></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 117	Inconsistent M0064 values: If (M0064) Social Security Number "UK" response is checked then (M0064) number field must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0064) Social Security Number "UK" field is checked, THEN the (M0064) Social Security Number field must not be completed. <p><u>Tip:</u></p> <p><input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report.</p> <p><input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 118	Inconsistent M0065 values: If (M0065) Medicaid Number "NA" response is unchecked, then (M0065) number field must be completed.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0065) Medicaid Number "NA" response is not checked, THEN the (M0065) Medicaid Number must be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 119	Inconsistent M0065 values: If (M0065) Medicaid Number "NA" response is checked, then (M0065) number field must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0065) Medicaid Number "NA" response is checked, THEN the (M0065) Medicaid Number response must not be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 120	Inconsistent M0066/LOCK DATE dates: The M0066 (Birth Date) must be earlier than or equal to the Lock Date. The State System does not accept OASIS assessments for patients under the age of 18.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • The (M0066) Birth Date must be earlier than the assessment LOCK DATE. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine valid date sequencing.
+ 121	Inconsistent M0066/M0030 dates: The M0066 (Birth Date) must be earlier than or equal to M0030 (Start of Care Date). The State System does not accept OASIS assessments for patients under the age of 18.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • The (M0066) Birth Date must be earlier than to the assessment (M0030) Start of Care Date. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine valid date sequencing.
+ 122	Inconsistent M0066/M0032 dates: The M0066 (Birth Date) must be earlier than or equal to M0032 (Resumption of Care Date). The State System does not accept assessments for patients under the age of 18.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • The (M0066) Birth Date must be earlier than to the assessment (M0032) Resumption of Care Date. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine valid date sequencing.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 124	Inconsistent M0066/M0180 dates: The Birth Date (M0066) must be earlier than or equal to M0180 (Discharge from Inpatient Date). The State System does not accept OASIS assessments for patients under the age of 18.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The (M0066) Birth Date must be earlier than the assessment (M0180) Inpatient Discharge Date. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 125	Inconsistent M0066/M0903 dates: The M0066 (Birth Date) must be earlier than or equal to the M0903 (Last Home Visit Date). The State System does not accept OASIS assessments for patients under the age of 18.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The (M0066) Birth Date must be earlier than the assessment (M0903) Last Home Visit Date. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 126	Inconsistent M0066/M0906 dates: The M0066 (Birth Date) must be earlier than or equal to the M0906 (Discharge Date). The State System does not accept OASIS assessments for patients under the age of 18.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> The (M0066) Birth Date must be earlier than or equal to the assessment (M0906) Discharge/Transfer/Death Date. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine valid date sequencing.
+ 127	Inconsistent M0072 values: If (M0072) Primary Referring Physician ID "UK" response is unchecked, then the (M0072) number field must be completed.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> IF the (M0072) Primary Referring Physician ID "UK" response is not checked, THEN the (M0072) Primary Referring Physician ID must be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 128	Inconsistent M0072 values: If (M0072) Primary Referring Physician ID "UK" response is checked, then the (M0072) Number field must be blank.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • IF the (M0072) Primary Referring Physician ID "UK" response is checked, THEN the (M0072) Primary Referring Physician ID field must not be completed. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements.
+ 130	Inconsistent M0090/M0903 dates: The (M0090) Assessment Completion date was submitted with a date earlier than the (M0903) Last Home Visit Date.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • The submitted (M0090) Information Completion Date was earlier than the (M0903) Date of the Last (Most Recent) Home Visit. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine valid date sequencing.
+ 133	Inconsistent M0150/M0063 values: If (M0150) Current Payment Sources = 1, Medicare Fee-for-Service, then (M0063) Medicare Number "NA" must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> • Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09. • IF the submitted (M0150) Current Payment Source for Home Care has response 1 is checked, THEN (M0063) Medicare Number "NA" response must not be checked. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Make appropriate corrections to the submitted record and resubmit. • Refer to the current data specifications to determine consistency requirements. • Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.

Table 1-4. Fatal Record

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
+ 134	Inconsistent M0150/M0065 values: If (M0150) Current Payment Sources = 3, Medicaid Fee-for-Service, then (M0065) Medicaid Number "NA" must be unchecked.	<p><u>Cause:</u></p> <ul style="list-style-type: none"> Applies when (M0100) Reason for Assessment is a 01, 03, 04, 05, 06, 07, 08, or 09. IF the submitted (M0150) Current Payment Source for Home Care has response 3 is checked, THEN (M0065) Medicaid Number "NA" response must not be checked. <p><u>Tip:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements. Refer to the OASIS Implementation Manual, Chapter 8: Item-by-Item Tips.
+ 138	Inconsistent M0180 values: If (M0180) Inpatient Discharge Date "UK" response is checked, then (M0180) date field must be blank. If (M0180) date is present, then (M0180) "UK" must be unchecked (Zero).	<p><u>Cause:</u></p> <ul style="list-style-type: none"> There should not be a date indicated in the (M0180) Inpatient Discharge Date field, if the submitted (M0180) "UK" response has been checked. <p><u>Tip:</u> If (M0180) "UK" response is unchecked the date field should be completed.</p> <ul style="list-style-type: none"> A date must be indicated in the (M0180) Inpatient Date field, if the submitted (M0180) "UK" response is unchecked. <input checked="" type="checkbox"/> A checked response will display as a "1" on the validation report. <input type="checkbox"/> A blank response (unchecked) will display as a "0" (zero) on the validation report. <p><u>Actions:</u></p> <ul style="list-style-type: none"> Make appropriate corrections to the submitted record and resubmit. Refer to the current data specifications to determine consistency requirements.

Table 1-4. Fatal Record